



ITW

Doc Code: PET.POA.WDRW

PTO/SB/83 (04-08)

Document Description: Petition to withdraw attorney or agent (SB83)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/754,374-Conf.# 6188
	Filing Date	January 5, 2001
	First Named Inventor	LEE, Den-Hua
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	5480-0104PUS1

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
☐ the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input checked="" type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Unable to locate client and/or client not responding to communications.



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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B.	<input checked="" type="checkbox"/> Inventor or Assignee Name	LEE, Den-Hua		
Address 17F-10, No. 275, Linsen Rd.				
City	Hsinchu City	State	Zip 300	Country TAIWAN, R.O.C.
Telephone			Email	
I am authorized to sign on behalf of myself and all withdrawing practitioners.				
Signature				
Name	James M. Slattery	Registration No.	28,380	
Address	Birch, Stewart, Kolasch & Birch, LLP 8110 Gatehouse Road Suite 100 East			
City	Falls Church	State VA	Zip 22040-0747	Country US
Telephone	(703) 205-8000		Email	
Date	NOV 17 2008		Telephone No.	(703) 205-8000

#43,368

NOTE: Withdrawal is effective when approved rather than when received.